



**Manufactured/Mobile Home Landlord-Tenant
Unfair Practices Complaint
ASSISTANCE REQUEST FORM**

Your complaint will be investigated when we receive documentation
that you have notified the other party in writing of your complaint(s).

1. Caller Information

☐ I am a mobile/manufactured homeowner and park resident

☐ I am a park manager/owner

Day ()
Evening ()

First Name

Last Name

Phone Number

Street Address

City

State

Zip Code

2. Park Information

Park Name

Number of homes in park?

Street Address

City

State

Zip Code

Day ()
Evening ()

Park Managers First Name

Last Name

Phone Number

Day ()
Evening ()

Park Owners First Name

Last Name

Phone Number

Park Owner Street Address

City

State

Zip Code

3. Identify the Issue(s)

Please use the enclosed Index to identify allegations of unfair practices or violations of RCW 59.20 that you believe apply (e.g., "*Abandonment 59.20.030(1)*"). Attach other documents, such as **copies** of correspondence to fully describe the situation.

#1

#2

#3

#4

#5

4. Steps taken to address the Issues

Describe the steps you have taken regarding each issue. **Important:** Include names, phone numbers and/or addresses of organizations and individuals contacted (e.g., Health Department, Building Department, Law Enforcement, Labor & Industries). Include copies of any documentation resulting from the conversation. Describe any conversations you have had about this issue, with whom, contact information, and the date of contact. ATTACH **copies** of any written correspondence, permits, or other documentation (including lease/rental agreement, park rules). **If you specified a time frame for a response, include that information and the date of expiration.**

5. Outcome

Briefly describe what you would consider a satisfactory outcome(s) to the issue(s).

6. Approval and Signature

I confirm that the information given in this request and any attachments are true and correct to the best of my knowledge. I have included a copy of the written notice I provided to the Park Resident or Park Owner. I further understand that no action will be taken on this request for assistance without my signature on this form.

Signature

Date

**RETURN TO: Office of Manufactured Housing, PO Box 42525, Olympia, WA 98504-2525
(360) 725-2971 or 1-800-964-0852 (Toll-free within Washington); Fax (360) 586-5880**

OFFICE USE ONLY

☐ SV: Date: _____ Staff: _____ Notes: _____

☐ DB: Date: _____ Staff: _____ Notes: _____

Ref: 59.20 §
